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CONFIRMATION NO. 3065

<b>SERIAL NUMBER</b> 10/699,548	<b>FILING OR 371(c) DATE</b> 10/31/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> M190.133.102
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 09/903,296 07/11/2001 PAT 6,736,810 which is a CON of 09/347,635 07/06/1999 PAT 6,409,722 which claims benefit of 60/091,959 07/07/1998 *MF*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 02/02/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 21	<b>TOTAL CLAIMS</b> 43	<b>INDEPENDENT CLAIMS</b> 3
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**ADDRESS**  
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**TITLE**  
 Apparatus and method for creating, maintaining, and controlling a virtual electrode used for the ablation of tissue

<b>FILING FEE RECEIVED</b> 1184	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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